Screening Adolescents in Clinical Practice:
Promoting Strengths to Prevent Problems

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Learning Objectives

- Describe the major health issues facing adolescents and the underlying factors driving high risk behaviors
- Understand the theories of positive youth development that support a strength based approach to providing clinical preventive services to adolescents
- Discuss the recent update of the AAP's Bright Futures and the strength based approach recommended for screening and counseling adolescents

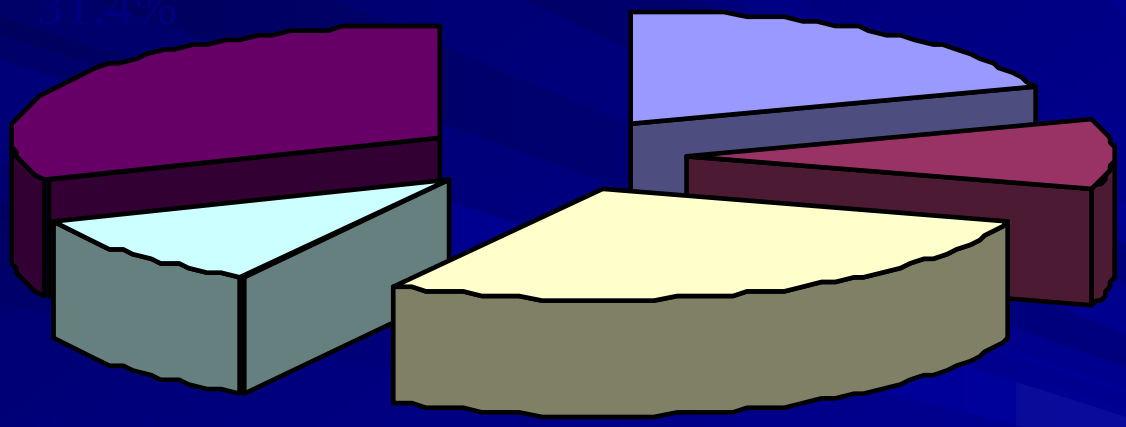
A typical adolescent in clinic…….

- A 15 year old male comes into the clinic for his annual physical and to have his sports forms completed…….
  - He has no specific complaints, no significant past medical history and a medical ROS is completely normal
  - His mother is with him and she just wants to make sure he gets checked out for any medical problems that might crop up on the physical exam…….
  - What are the areas you need to be concerned about with this young man and how do you do about assessing and managing them?

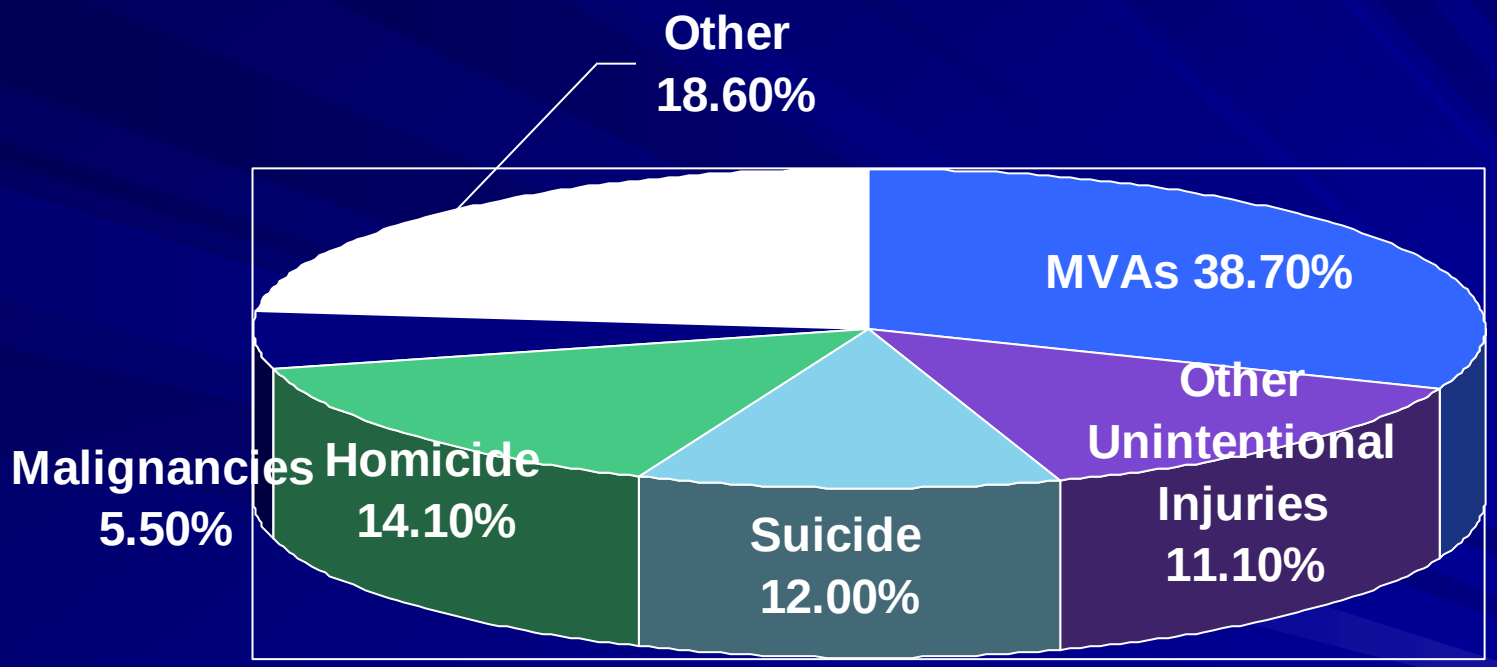
Morbidity and Mortality in Adolescents

- Generally a healthy group
  - Low incidence of serious medical problems, especially those not already present in childhood
  - Mortality ---leading cause is injury
  - Morbidities ---behaviorally determined

Mortality data for youth and young adults aged 10–24, Connecticut, 2003–2005



Leading Causes of Mortality Ages 15-19 years

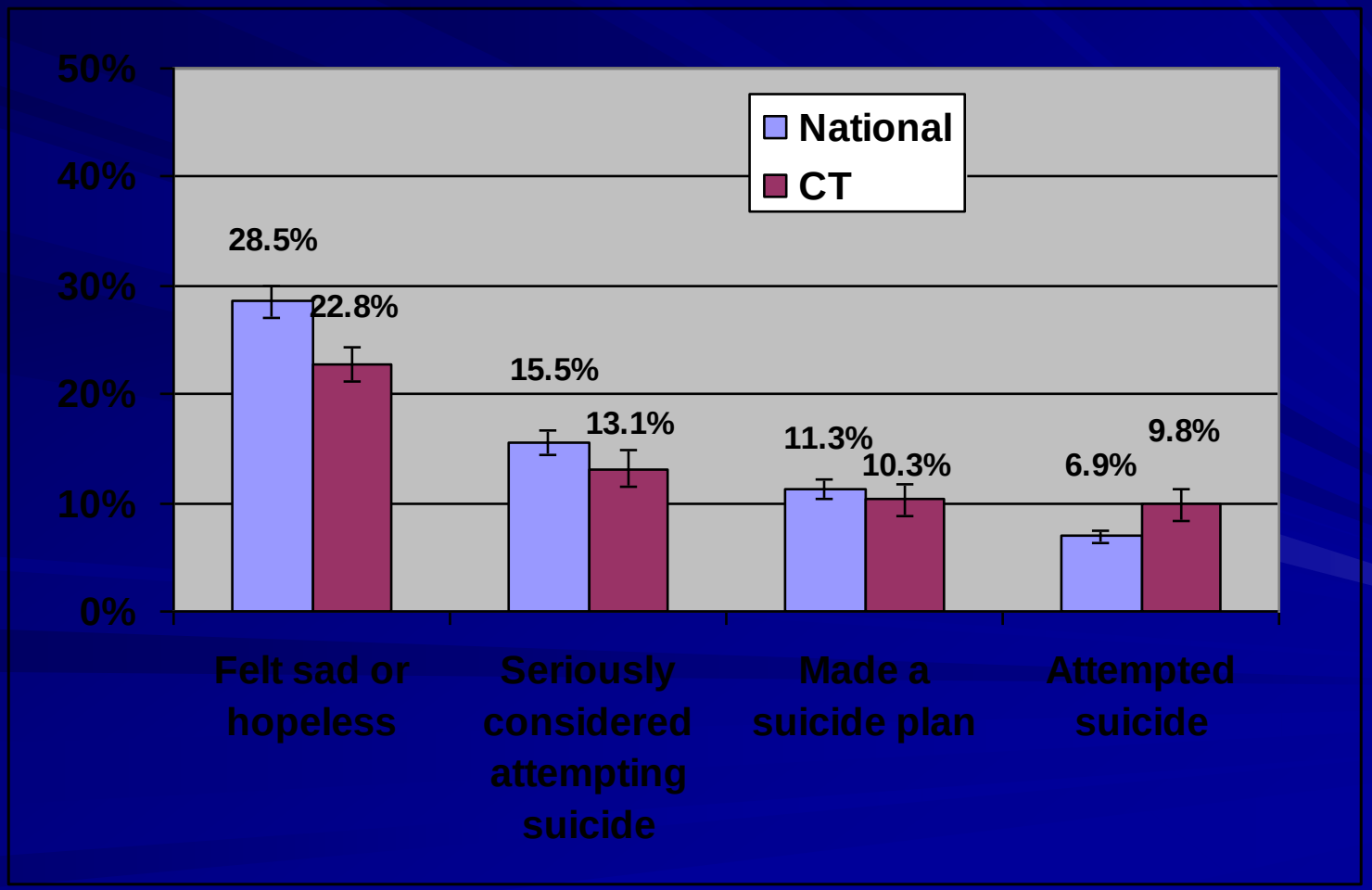


NAHIC Data, UCSF, 2003; http://nahic.ucsf.edu/

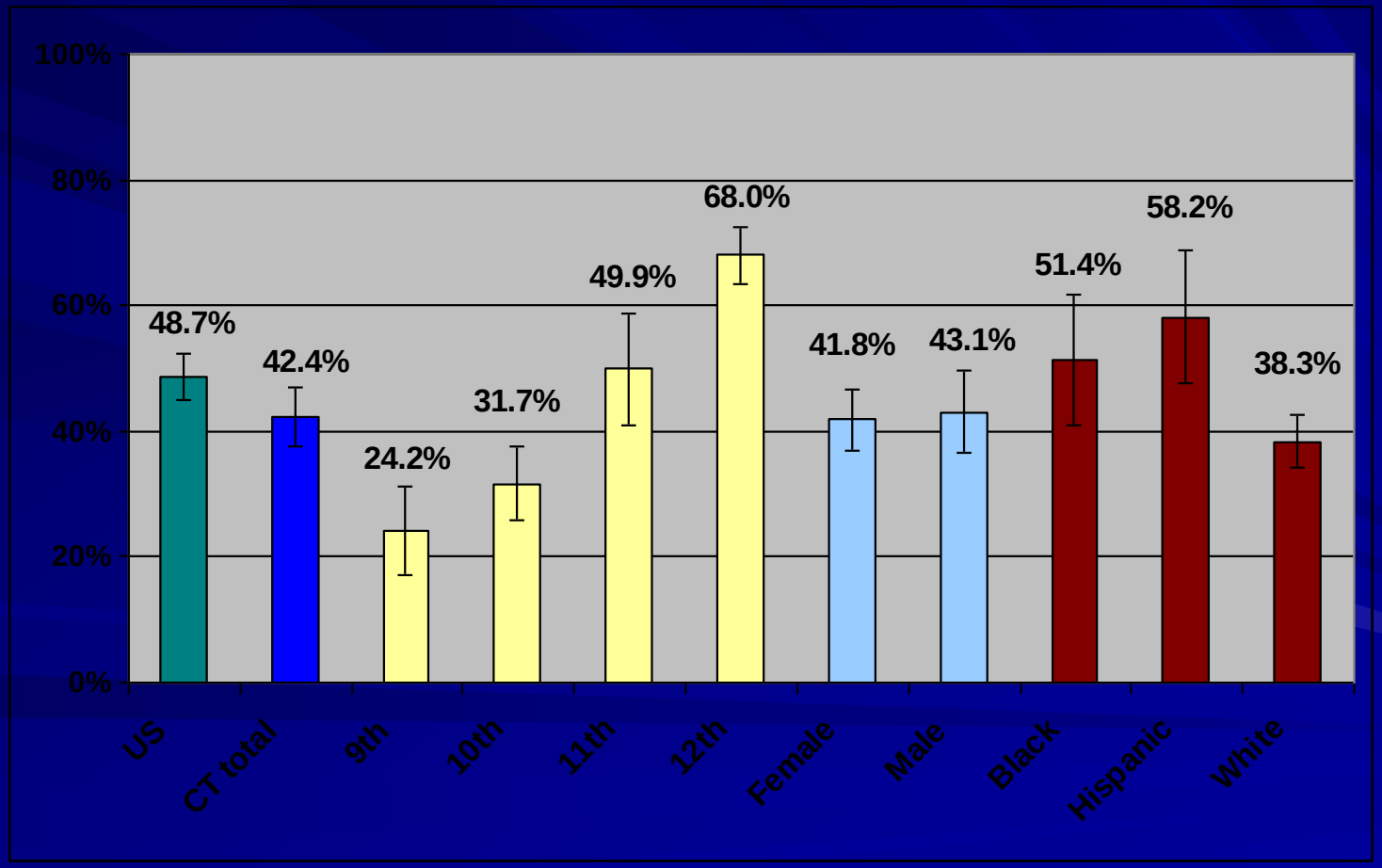
Morbidity and Adolescents:

- Mental Health Problems
  - Depression, suicide, anxiety, stress-related problems, family dysfunction, ADHD
- Obesity
  - Poor nutrition, sedentary lifestyles
  - Medical consequences occurring earlier
- Sexuality-related
  - STD's, pregnancy
- Injuries – intentional and unintentional
- Dental problems

Percentage of students who felt sad or hopeless for 2 or more weeks, or considered, planned or attempted suicide one or more times during the past 12 months



Percentage of students who ever had sexual intercourse by grade, gender, and race-ethnicity



Morbidity and Mortality

- Most health problems directly or indirectly caused by behavioral, environmental or social issues
  - Driven by *developmental* changes occurring during this time and *social/environmental* contexts surrounding adolescents
  - Many patterns established that also determine adult health
  - Thus, adolescent is a key time for health promotion and disease prevention
- Access to appropriate care often key obstacle

Behavioral Morbidities

- Consequences of typical health risk behaviors in teens
  - High risk sexual behaviors
    - STDs and pregnancy
  - Substance use and abuse
  - Risky recreational vehicle use
  - Interpersonal violence

Tasks of Adolescence

- 1: Establishing *Identity.*
- 2: Becoming *Independent.*
- 3: Developing body *Image* awareness
- 4: Establishing *Interpersonal* relationships.
- 5: *Intellectual* awakening (growing from concrete to abstract thinking).

Robert Cavanaugh, MD, The Transitional Interview, AHU, 2008.

Normal Stages & Tasks of Adolescence

	Puberty	*Autonomy*	*Identity*	*Thinking*
Early ***10-14yo***	**Onset and tempo variable**	**Ambivalence**	**Am I normal?**	**Concrete operational**

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Late ***17+yo***	Adult appearance	Ambivalence	Who am I in relation to others?	Formal operational (75%)

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	Puberty	*Autonomy*	*Identity*	*Thinking*
Early ***10-14yo***	Onset and tempo variable	Ambivalence	Am I normal?	Concrete operational
Middle ***15-16yo***	E advanced more than Γ	Limit-testing, experimental behavior	Who am I?	Transitional
Late ***17+yo***	Adult appearance	Ambivalence	Who am I in relation to others?	Formal operational (75%)

Adolescent Autonomy:
Becoming Independent

- Limit-testing (challenging rules)
- Experimental behavior (smoking, alcohol, marijuana)
- Risk-taking (D.U.I., Ø contraception)
- Need for control (resisting authority)

Adolescent Thinking and Health Care:

Intellectual Awakening

- **Concrete operations**
  - Focus on *immediate benefits* of change
- **Egocentrism**
  - Do not emphasize long term complications
  - Form therapeutic alliance
- **Personal fable**
  - Provide information of personal relevance
- **Imaginary audience**
  - Reassure about normalcy

What can we do as providers?

- Assess social/behavioral risk factors
  - Screen for behaviors
  - Guidelines – e.g. Bright Futures
- Intervene early
  - Assess level of risk
  - Refer those with more extensive of involvement
- Prevention/health promotion
  - Anticipatory guidance based on risk assessment
    - Engaging and developmentally appropriate
    - ***Strength-based approach!***

Strength-Based Approach

- Raise adolescents' awareness of their developing strengths
  - Importance of their role in well-being and health
- Motivate and assist them in taking this responsibility
- Acknowledge that risk-taking is way of learning about environment – "developmental drives"
- Encourage positive learning opportunities and experiences

Strengths-Based Approaches

- Based on positive youth development paradigms
  - "A child that is problem-free isn't necessarily fully prepared for adulthood" – Karen Pittman

Positive Youth Development Approaches

- Primary movement originated from community development field
  - Search Institute's Developmental Assets
  - Catalano and Hawkins Communities that Care model
  - Karen Pittman
  - America's Promise
  - NYS Act for Youth – youth programming

The Deficit Reduction Paradigm

- Focus on a problem
  - e.g. High-risk behaviors, poverty
- The goal - eliminate or control risks
- The targets are *vulnerable* children and youth
- Strategies include expansion of services, treatment, intervention or prevention programs
- Professionals take the lead
- Crisis-management mentality; reactive

The Asset-Building Paradigm

- Problem is rupture in community infrastructure - not individuals
- The goal is to promote or enhance developmental assets, protective factors
- The targets are *all* children and youth
- Strategies include mobilizing individuals within a community to act on a shared vision for positive development
- Vision-building perspective; more hopeful

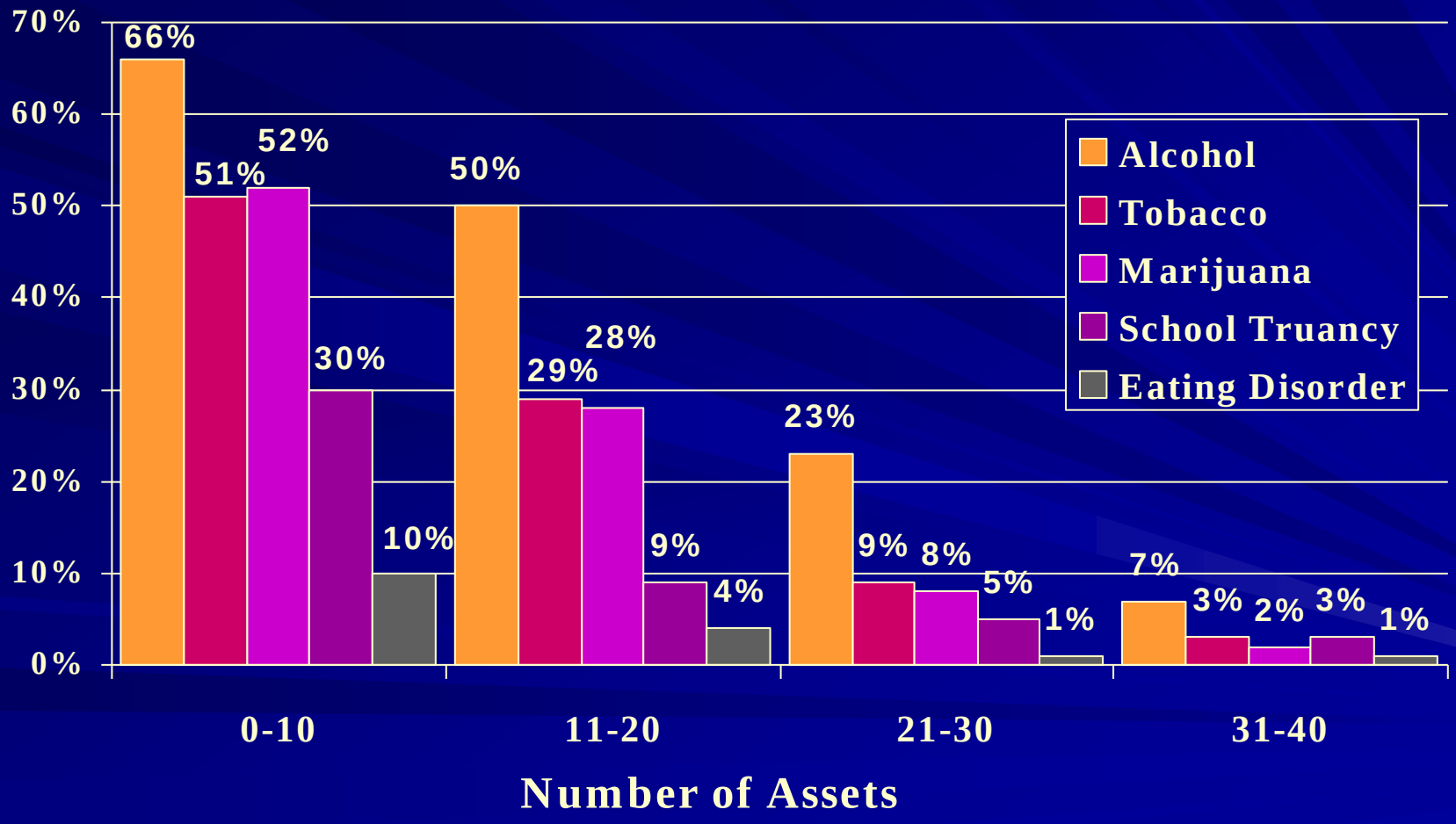
Benson, Peter. All Kids are Our Kids, Jossey-Bass, Inc. 1997.

The 5 Cs

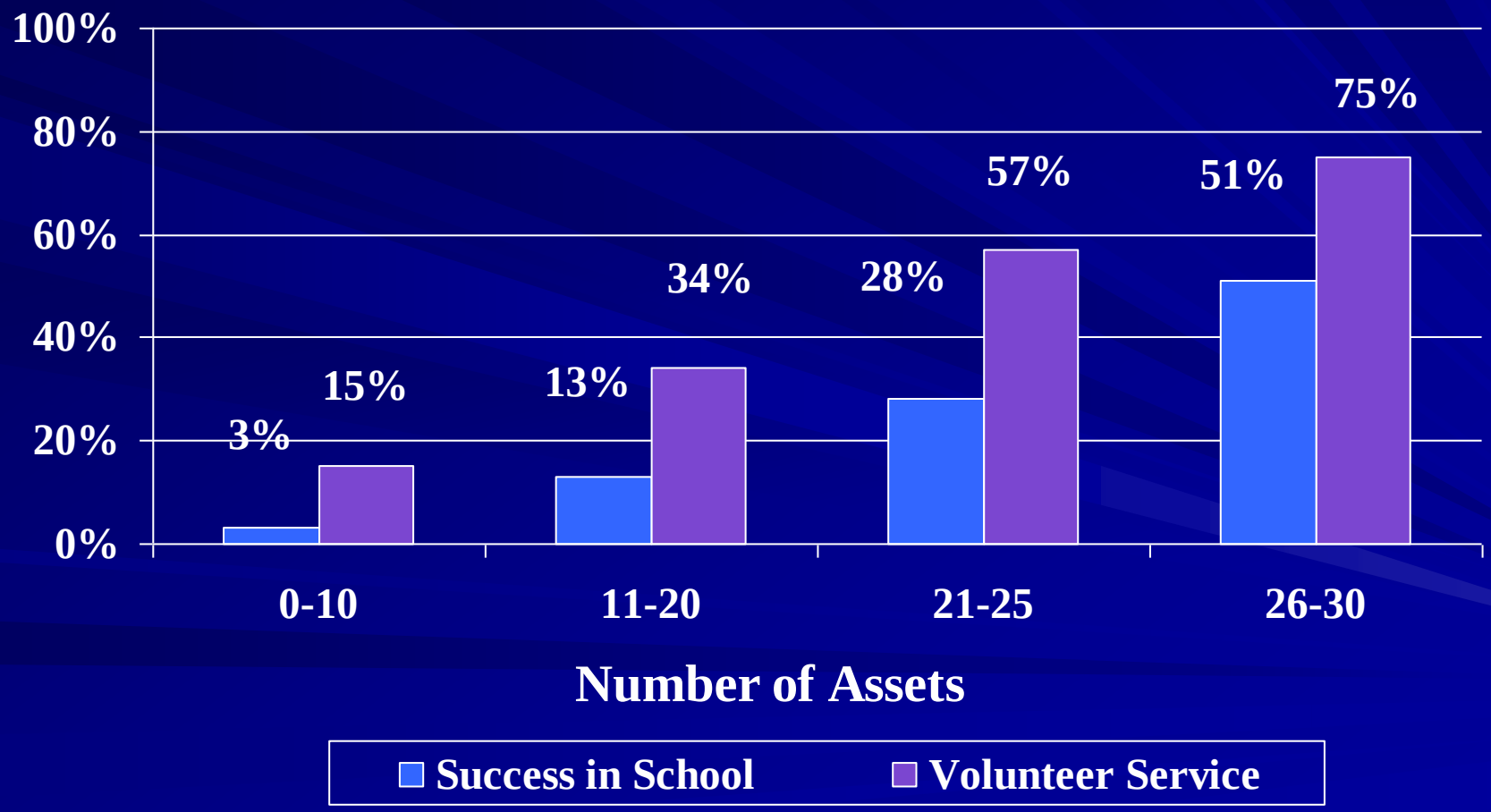
- Contribution
- Confidence
- Competence
- Connection
- Character

Karen Pittman, the Forum for Youth Investment, 2003

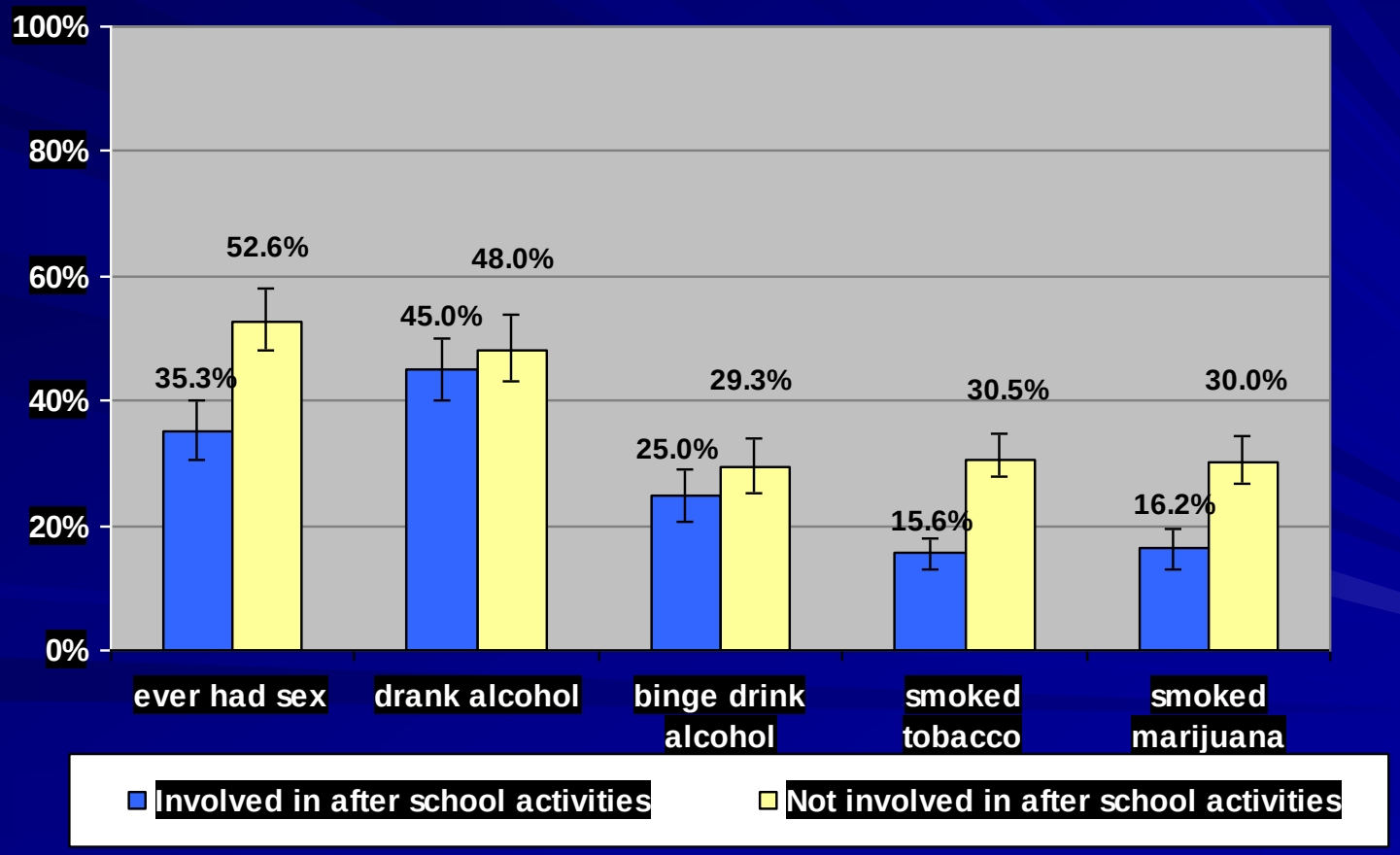
Risk-taking Behaviors by Asset Level



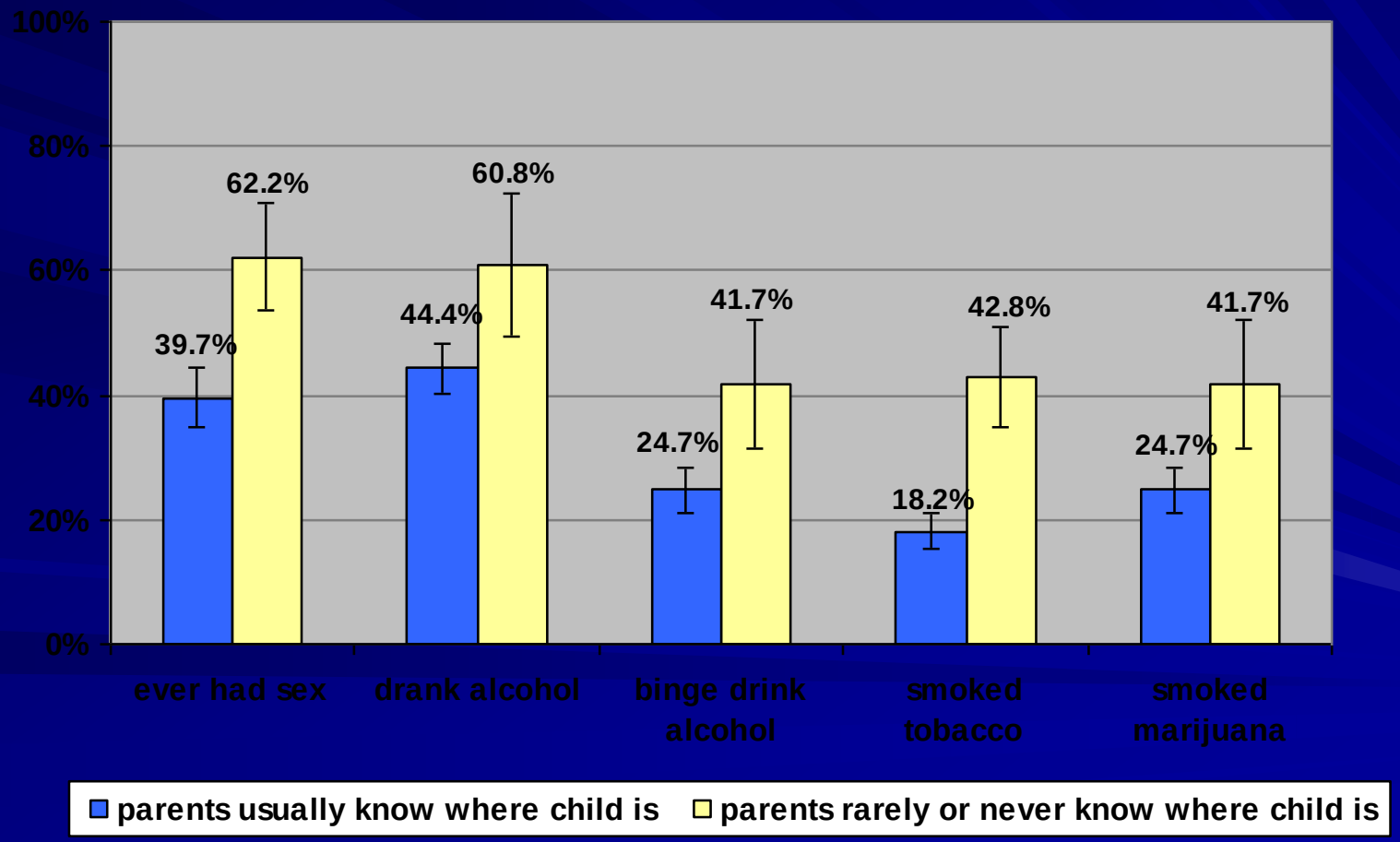
Assets and Thriving



Percent prevalence of risk factors among students involved vs not involved in after school activities



Percent prevalence of risk factors by whether student says that parents usually know where they are



Publications, survey information, and program information are available on the following web sites

www.ct.gov/dph search CSHS

www.ct.gov/sde/healthyconnections